State of California-Health and Welfare Agency Toxic Substances Control Division STEAM SLAB Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas Manifest 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS is not required by Federal Document No. n of WASTE MANIFEST N O R 6 5 1 0 0 0 Manifest Document Number A.State Generator's Name and Mailing Address Douglas Aircraft Co. 2766 190th & Normandie B.State Generator's ID Torrance, CA 90502 Generator's Phone (533-6677 6. US EPA ID Number C.State Transporter's ID Transporter 1 Company Name 5. D.Transporter's Phone 0 5 8 0 1 8 3 E.State Transporter's 1813 268-3137 J. C. Liquid Waste Disposa Transporter 2 Company Name 8. US EPA ID Number F.Transporter's Phone G.State Facility's ID 9. Designated Facility Name and Site Address US EPA ID Number 10. Triple J H.Facility's Phone 3650 E. 26th St. Vernon, CA 2.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Unit Waste No. Type Wt/Vo a. N Hazardous Waste Liquid NOS ORM-E NA9189 001 TT 05000 G 221 E A T b. 0 C. d. K. Handling Codes for Wastes Listed Above Additional Descriptions for Materials Listed Above Alkaline Soap Grease 2% 3% 011 Mater 000 15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected, return to DAC. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Year Printed/Typed Name Signature ·7 05 84 Donald C. Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials Date Signature Month Day Year Printed/Typed Name 1/242161182 TS8065 t.3118. Transporter 2 Acknowledgement of Receipt of Materials Date Month Day Year Printed/Typed Name Signature 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Month Day Year Signature Printed/Typed Name

YELLOW ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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